| EUD 6 | JAKI. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|----------|--|
| HEALTH | DEDT | 06708 |
| >8.4 | È DECT. | a. COUNTY COLVET |
| Page files. | B | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) |
| Ja Sur | | Brooms Island |
| 010 | | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS 1 o. IS RESIDENCE |
| deral | 59 | Calvert Ceenty Hospital Unknown VES NOT |
| he funer refained | death | 3. NAME OF DECEASED CORRESPONDED First Middle Class 4. DATE Month Day Yeer |
| o th | 26 | (Type or print) COCCATA S 7 1966 |
| d 3 t | 20 % | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE of BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS |
| Te Com | No. | WIDOWED DIVORCED TOU 18 36 Z33. |
| S S S S S S S S S S S S S S S S S S S | 22 | done during most of working life, avan if refired) |
| age: | S C C | Power Saw Operator |
| 24 Ve P | £ £ | Charles L. Coffey Ida Barnett |
| in i | Nem | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT |
| w bu m 18 iff f | à | (Yas, no, or unkown) (Hyesgivewerordelesafservice) Va. No 242-54-9974 Wheeler-Thompson Funeral Home Fredericksburg |
| n Ite | . S | 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] |
| cil i | pue | PARTI. DEATH WAS CAUSED BY: Shotgun wound, left pelvis |
| d be pen fice | | 7/98 DUE TO |
| . O . | O L | Conditions, if any, which (b) |
| ding ding | 2 TO | (a), stating the underlying DUE TO |
| pen pen (ami | THE THE | Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY |
| S cer | Bati | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. |
| e w | Cre Cre | 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of Injury In Pert I or Part II of Item 18.) |
| ER TER | rial | OHOO TH DCTATE |
| Chie | 일 O | 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) |
| THO THE | 504 | 7:50 p.m. 5/7 1966 at work at work Car Brooms Island Calvert Md. |
| 100 S | prior of | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion |
| P P P | gen | death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner A |
| te fire forwar | p p | ACTUAL IIII II S CHIEF MEDICAL EXAMINER ACCUSED ACCUSE |
| TY : | nat | SIGNATURE MONTH IT COME A M P DEPUTY MEDICAL EXAMINED MALL SIGNED |
| exe ald b | designa | NAME (Type) Address (Street, city, town, or county) |
| DEPUT | ± s | 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) |
| 5 g 4 5 | ठ | Burial 5/11/66 Salem Church Cemetery Widewater, Va. |
| VS. ATEM | - | 23. FUNERAL DIRECTOR ADDRESS Balt. Md. 212024a. REC'D BY REGISTRAR'S SIGNATURE WMAY 1 1 1966 Clarify Judge |
| 5M 9/60 | | Wm. Cook-Brooks Inc. 1217 St. Paul St Man 11 1900 |

STATE DEPARTMENT OF HEALTH

Items

to the second second to the second second

| | DIVISIO | N OF STATISTICA | | | RDS, | 301 W. PRESTO | N STREET | | RE 1, MARY | LAND |
|---------------|--------------------------------|--|-----------|-------------------------------|---------|---------------------------|-----------------|-------------------|------------------|--------------------|
| 1_ | 10011 | 3 | | CERTIFICA | ATE | OF DEATI | H | | | 6707 |
| 1. | a COUNTY | lvert | | MARYLAN | | a. STATMary | | ased lived, If In | | 4 100 |
| | b. CITY OR TOV | VN (If outside corporate and give nearest town) | limits, | c. LENGTH OF STAY IN | | c. CITY OR TOWN (I | | orate limits, wi | | The second second |
| F | rince F | rederick, | Md. | 3 days | | Owin | ngs, M | aryland | 1 04 | = / |
| C | | County Hos | | | ess) | d. STREET ADDRESS | | | | ON A FARM? YES NO |
| 3. | NAME OF | First | | Middle | | Last | 1 4. DATE | Mont | | - |
| | DECEASED (Type or print) | Jose | ph | Muri | | Chanev | OF DEATH | 5 | 2 | 19 66 |
| 5. | SEX | 1 4 40100 00 0000 | MARRIED | | 8. | DATE OF BIRTH | 9. | AGE (In years | | IF UNDER 24 HRS. |
| M | ale | | WIDOWED | | 1/2 | /14/96 | 7 | | Months Days | Hours Min. |
| 10 | a. USUAL OCCUPA | TION (Give kind of work dor | | IND OF BUSINESS OR NDUSTRY | | 11. BIRTHPLACE (C | county & State, | |) 12. CITIZEN | OF WHAT |
| du | ring most of worl | king ine, even it retired) | | | | 7(| faryla | nd | U.S. | |
| 13 | FATHER'S NAM | | I Fe | rming | 1 | 14. MOTHER'S MAII | | iu | 1 0.0. | a. |
| | Samuel | Chanev | | | T | ora Ann W | hittin | cton | | |
| 1 | 5. WAS DECEASED | EVER IN U.S. ARMED FORC | ES? 16. | SOCIAL SECURITY NO. | | NFORMANT | | Addre | SS | |
| C | | | | 4-18-2796 | H to | ederick (| hanev | Owings | s, Mary | land |
| _ | Yes I 18. CAUSE OF | DEATH [Enter only one c | | Ine for (a), (b), and (c).] | | OGOL TOIL C | JII CUITO J | OM TITE! | | RVAL BETWEEN |
| | | EATH WAS CAUSED BY: | 11/ | tricals | | | | | ONS | SET AND DEATH |
| | 4200 | IMMEDIATE CAUSE (a) | 659 | , can | 0 / | 1 1 | /-/ | (1) | | |
| | Conditions, if | any which i | 1 / | stusias | 66 | Cuty t | 11 100 | 1), = | 7 | |
| | gave rise to | Immediate (| - | Cure cie | | 9-1 | / 12 0- | | | |
| | cause (a), s underlying cau | stating the DUE TO | | | | | | | | |
| NO | | SIGNIFICANT CONDITIONS | | JTING TO DEATH BUT NOT | RELATI | ED TO THE TERMINAL | DISEASE COND | ITION GIVEN IN | PART 1(a) 119. | WAS AUTOPSY |
| CAT | | | | | | | | | Y | PERFORMED? |
| Ē | 20a, ACCIDENT | WAS UNDERLYING IT | 20b. | DESCRIBE HOW INJURY | OCCUR | RED. (Enter nature o | f Inlury In Par | t or Part C | | |
| CERTIFICATION | OR CONTRIBUT | WAS UNDERLYING [] ING [] CAUSE OF DEATH ITIFY MEDICAL EXAMINES | R) | | | | | | | |
| | | INJURY Month, Day, Yes | | NJURY OCCURRED 20e. | . PLACE | OF INJURY (Home, f | arm, 20f. (| City or town) | (County) | (State) |
| MEDICAL | Hour a. | m. | While | - NOT WHITE - | factory | , street, office bldg., (| etc.) | | | |
| N | | m. 19 | at worl | | . 2 | 170 . | 0/1/2 1 | 4/1 | 1066 | hat (I) (wa) last |
| | | fy that (1) (this hospita | allatrend | | | death assumed all | 30m fro | m the payone | | hat (I) (we) last |
| | 22a. SIGNATU | eceased alive on | 11- | and and | that (| death occurred aB | TO MY IFO | iii tile causes | 22b. DATE SI | e stated above. |
| | | (1./111 | 1 | 7 1her | M.b. | ATTENDING ATTENDING PHYS. | MED. | STAFF PHYS. | 5/2/6 | 5 |
| | 22c. PHYSICI | AN'S | | 10 | M.D. | 22d. ADDRESS | DIRECTOR 1 | PHIS. | 1 2/ 4/ 0 | |
| | NAME (T | ype) Dr. Osmai | n Ers | dv / | | | ice Fr | ederick | . Mary | land |
| 23 | a. BURJAL, CREI | | | 23c. NAME OF CEME | TERY C | | | | gwn or county) | (State) |
| | a. BURIAL, CREI | eclfy) man 11 | 1966 | Smith | ille | Ch. Com | / | unk | irk | mel. |
| 2 | 4. FUNERAL DIR | ECTOR | 1,00 | ADDRESS | 4 | | C'D BY REGIS | TRAR 25b. R | EGISTRAR'S SIGN | VATURE |
| , | Huter | hims Tunce | al f | tome Ou | rny | DAMA DAMA | Y 5 19 | 166 80 | carles & | ridge. |
| 1 | -VICOVC" | | | | / | - Project 1 | | | | |

| 1 (M | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | |
|--|--|---------------------|
| 草 西の草 | 06715 CERTIFICATE OF DEATH 06709 | |
| rs after death, by the funeral Pages 1 and 2 urs after death. | 1. PLACE OF DEATH a. COUNTY Calvert MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a state b. COUNTY Maryland Calvert Calvert | |
| completely filled in by it carbon papers. Page event, within 72 hours a | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STRELL ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest limits, write RURAL and give neares | |
| y fille pape thin 7 | Calvert County Hospital | ARM? |
| d withi mpletel carbon ent, wil | 3. NAME OF OECEASEO John Emil Fischer DEATH Month Oay Yea OF DEATH | 1 8 10 K |
| e E | Male White Widowed Divorce 10/15/94 9. AGE (In years Funder year Funder 10/15/94 77 77 77 77 77 77 77 | |
| physician n pleasar val, and in | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? Retired bookkeeper 10b. KIND OF BUSINESS OR INDUSTRY D. C. U.S.A. | |
| phy phy val, | 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME | |
| certifica Iding pf Then remova | Emil Fischer Anthony Bastai | |
| eath certifica attending ph ermit. Then in, or removal | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) | |
| dea he a per lion, | Lucie Kelly 6107 Eastern Ave. Wash.D. | |
| requires that the death of the physician, peen signed by the attenthe burial-transit permit, or to burial, cremation, or | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND D | WEEN |
| res the physic signe burial-l burial, | Conditions, It any, which) (b) Polenoway in Taff - and T.B. | |
| v requi | cause (a), stating the underlying cause last. (c) | |
| PITAL OR ATTENDING PHYSICIAN: The law requires that t 4 may be retained by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been signed b or, page 3 should be detached for use as the burial-tran I be filed with the State Dept. of Health prior to burial, cre | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED. 19. W | TOPSY MEO? NO |
| PHYSICIAN: the hospital this certifi detached fo e Dept. of H | | |
| NG PHY by the fter this be deta state De | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And the street of the street | tate) |
| TENDII tained TOR: A hould h the S | 21. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 to 19 that (I) (with saw the deceased alive on 19 and that death occurred at 19 m, from the causes and on the date stated | |
| OR AT the re DIRECT DIRECT DIRECT DIRECT DIRECT DIRECT DIRECT | 228. SIGNATURE 228. OATE SIGNED 220. OATE SIGN | 250408 |
| HOSPITAL age 4 may FUNERAL rector, pa ould be fil | 22c. PHYSICIAN'S NAME (Type) Issam el Damelouji, M.D. 22d. ADORESS Prince Frederick, Md. | |
| TO HOSPITAL OR ATTENDIN PAGE 4 may be retained be TO FUNERAL DIRECTOR: Aft director, page 3 should be should be filed with the St | BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) burial 5/13/66 Glenwood Cemetery Washington, D.C. | te) |
| VR A15 (4) | The St. Hines Co. 2901 14 ST. NW. Wash DC DATE 16 1966 Grantes Judge | |
| 20M 1/65 | | |

P0750 : 27591 Table Woods AND AND SER MANY SERVICES

FOR STATE
HEALTH DEPT.

File pages 1 and 2 with the State Department and in any event within 72 hours after death.

used as a burial-transit permit. to burial, cremation, or removal,

TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior

2

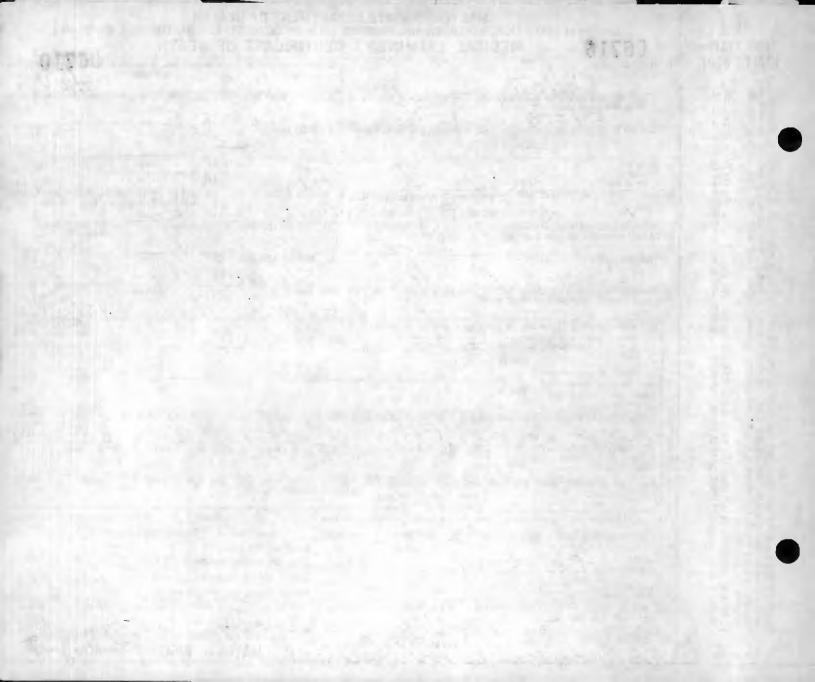
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06716 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1. | PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Represent domission |) |
|---------------|--|--|---|
| | e. COUNTY CALVED MARYLAND | a. STATE M d b. COUNTY CARREST | |
| | b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL end giva nearest town |) |
| | write RURAL and give nearest town) | LUSBU 04-1 | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? | E |
| | | YES NO | 1 |
| 3. | NAME OF First Middle | Last 4. DATE Month Day Year | = |
| | DECEASED (Type or print) / Selli 13 | Folev DEATH May 7 1966 | |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | DATE OF BUILD 19 AGE (In years LEUNDER 14 FAR HE LINDER 24 HR | _ |
| | W WIDOWED DIVORCED | May 2, 1962 last birthdey) Months Days Hours Min. | |
| | . USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | _ |
| uui | ing most of working life, even if retired) INDUSTRY | Colletta Ma 45A | |
| 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | Chaples M. Folen | Shipley babane | |
| | | INFORMANT , Address | - |
| (10 | s, no, or unkown) (If yes give war or dates of service) | 45 Sherley P. Foley LUSBU MA | |
| | 18. CAUSE OF DEATH [Enter only one cause per line fg/(af, (b), and (c).] | INTERVAL BETWEEN | = |
| | PART I. DEATH WAS CAUSED BY: | ONSET AND DEATH | |
| | 3 25 0 DUE TO | | |
| | Conditions, if eny, which) (b) | | |
| | gave rise to immediate cause (a), stating the DUE TO | | |
| | underlylag cause last. (c) | | |
| NO. | PART WOTHER SIGNY CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELA | TED TO THE TERMINAL DISEASE CONDITION DIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? | |
| CAT | this It was an idial leve | - lotted setalore or develyes \ NOV | 3 |
| CERTIFICATION | 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU | RRED. (Enter nature of injury in Part I or Part II of Item 18.) | |
| CER | PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | | |
| CAL | factor. | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.) | _ |
| MEDICAL | Hour a.m. While Not While at work at work | 3, 51(551, 01)112111121, 610.) | |
| 2 | 21. I certify that I took charge of the remains described above, hel | d an Autopsy . Inspection . Inquiry . and in my opinio | n |
| | | cide . Homicide . Undetermined manner | |
| | | CHIEF MEDICAL EXAMINER | |
| | SIGNATURE ATW Ward | _M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNE |) |
| | | DEPUTY MEDICAL EXAMINER'S | |
| | NAME (Type) H. W. Word | Address (Street, city, town, of county) | _ |
| 238 | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (Stata) | 1 |
| | Durial May 1 /166 Calvery NIOI | e Church emolery - Lusby, Ma. | - |
| 24 | EUNERAL DIRECTOR Mutages 130 | 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE | |
| 1/ | TA Harkness & Jon Post Reput | CEMA-DATE MAY 10 1966 forestes Judges | - |

VR A15ME 35mm 4-64

retained for your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Toke Pages 1, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office Blong with form PMS. Page 5 may be



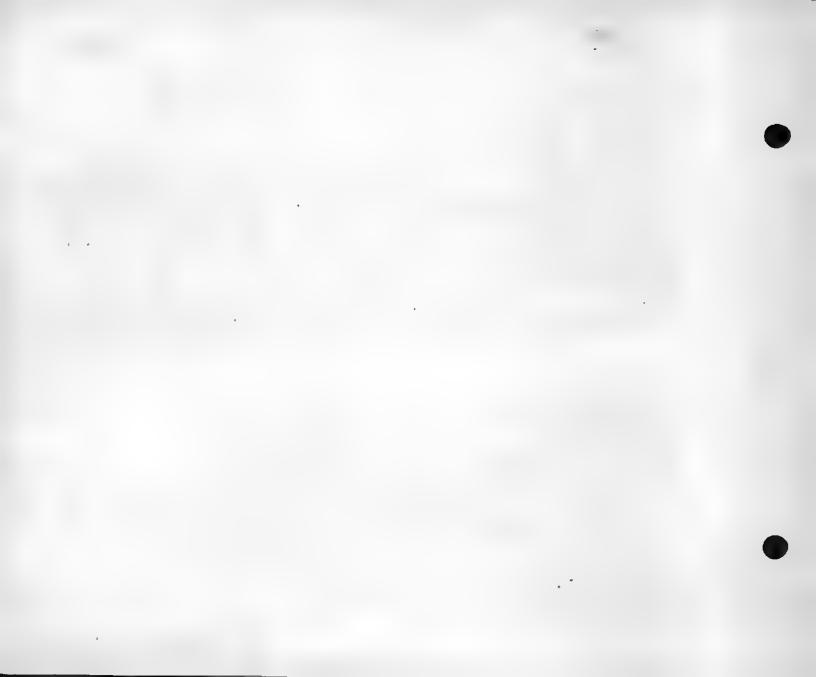
| 1 05 | 717 | | CERTIFICAT | E OF DEATH | | 06711 |
|----------------------------------|--|------------------|-----------------------------------|-------------------------------|---|---|
| 1. PLACE OF DE. | | - | | o. STATE | E (Where deceosed lived, if institut b. COU | |
| | Calvert | | MARYLAND c. LENGTH OF STAY IN 16 | | rland | Calvert |
| write RURA | WN (If outside corporate limi L and give nearest town) | | | | outside corporate limits, write RU | |
| Prince | Frederick M OSPITAL OR INSTITUTION (IF I | d . | ive street oddress) | d. STREET ADDRESS | irlboro, Marylar | 1d 04-1 |
| | County Hosp | | ive shoer oddiessy | a singer provides | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF | The same and the s | irst | Middle | Lost | 4. DATE Mont | |
| OECEASED (Type or print | Rach | el | Ellen | Gray | OF DEATH 5 | 13 1966 |
| S. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Female | Negro | WIDOWED | DIVORCED . | 12/10/88 | 77 lost birthday) | Months Doys Hours Min. |
| 100. USUAL OCCUP | ATION (Give kind of work done | | ND OF BUSINESS OR DUSTRY | 11. BIRTHPLACE (Cou | nty & Stote, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | rking life, even if retired) | 101 | JUSIKI | | Maryland | U.S.A. |
| 13. FATHER'S NA | | | | 14. MOTHER'S MAIDE | | |
| Dennis | | | | | tianna Thomas | |
| (Yes, no, or unkno | D EVER IN U.S. ARMED FORCES' wn) (If yes give wor or dotes | of service) | | INFORMANT ebecca Gray | Address Owings Mar | |
| 10 CAUSE | OF DEATH (Enter only one co | ure per line for | | ebecca dray | AA OWINGS, Hai | INTERVAL BETWEEN |
| PART I | DEATH WAS CAUSED BY: | 14 | 18 PH 18 TO | my lat | laino | ONSET AND DEATH |
| 4: | IMMEDIATE CAUSE | E TO | 1 0 | 10 1 | 1/- | |
| Conditions, i | fony, which gove | (b) 1 | route & | KI M | 10. | |
| | ediate couse (a), Dui | E TO | | | | |
| lost. |) | (c) | | | / | |
| PART II. OTH | | | | | CONDITION GIVEN IN PART 1(o) | 19 WAS AUTOPSY PERFORMED? |
| 5 Uremi | | | c heart dise | | | YES NO X |
| OR CONTRIB | IT WAS UNDERLYING JTING CAUSE OF DEATH | | | | in Port I or Port II of item 18.) | |
| | OTIFY MEDICAL EXAMINER) FINJURY Month, Day, Year | | ell down at h | ACE OF INJURY (Hame, | | (County) (State) |
| 20c. TIME O | Ir o.m. | While | Mot While fo | ctory, street, office bldg., | | |
| | as a cu | OI HOIN | led the deceased fram_ | 4/20 | . 1966 to 9/ | , 19, that (I) (we) las |
| 21. | ne decepsed alive an_ | 3 / 2 | 71960, and th | | | and an the date stated above |
| s saw ii | | 1// | / | | 1170 | 22b. DATE SIGNED |
| 220. SIGNA | I I I | | 111 / . | I.D. PHYS. | DIRECTOR PHYS. | 5/13/66 |
| 22o. SIGNA | · Srow | Yel | nu / " | | | 1 27 27 |
| 22c. PHYSI | JAN'S | Tel | nu " | 22d. ADDRESS | Transfer 1- Mr. | |
| 220. SIGNA 22t. PHYSI NAME | (Type) Dr. Osman | Ersoy | | 22d. ADDRESS Prince | Frederick, Mary | rland |
| 220. SIGNA 22c. PHYSI | (Type) Dr. Osman | HEREOF | 23c. NAME OF CEMETERY OF | 22d. ADDRESS Prince CREMATORY | Frederick, Mary 23d. LOCATION (City or To Dunkirk | rland |

Television (Secondary 1985) AT 1986

Item 21 Film G377 6 MARY CANDESTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CS718 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. the attending physician and completely filled in by the funeral sit permit. Then please employe carban papers. Pages I and mation, ar remayal, and in any event, within 72 haurs after deal PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Calvert o. STATE Maryland o. COUNTY MARYLAND Calvert County b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach. Maryland Prince Frederick Md. 2 mont 2 months d. STREET ADDRESS e IS RESIDENCE ON A FARM? Calvert County Hospital YES NO 3 NAME OF DECEASED Middle Last 4 DATE Year First Month Doy 1.8 19 66 Walter May Koons (Type or pnnt) Elwood DEATH IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7 MARRIED lost birthdoy) Months Dovs Hours 3/7/864 WIDOWED TO DIVORCED Male White 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 1. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Clerical COUNTRY? INDUSTRY Retired Washington D.C. 13 FATHER'S NAME Elizabeth Salmon Charles H. Koons IS WAS DECEASED EVER IN U _ ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17. INFORMANT signed by the attending burial-transit permit. I burial, cremation, ar rer 1331 AddStreet. N.W. 578-05-8813 Charles W. Koons Washington, D. C. WIVE INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) Rudio 5 ONSE! AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 9040 DUF TO HiB-Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept, of Health priar to 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🗀 NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Patient fell 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bldg, etc.) Not White of work 3/16 1966 Calvert Md. Home North Beach ot work 21. I certify that (1) (this haspital) attended the deceased from 3-16-, 1966, to May 18, 1966, that (1) (we) last saw the deceased alive on 5-18-Accidenta DATE SIGNED uses 22a, SIGNATURE DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Issam e] Prince Frederick Maryland Damalodii.M.D 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Harmony Chr. Cemetery Owings, Calvert
ADDRESS 1750 RFCD BY REGISTRAR 1756 DEGISTRARS (1984) 25b REGISTRAR'S SIGNATURE Burial 250 RECD BY REGISTRAR 24 EMNERAL DIRECTOR ocharles Judge 1966 chins form Owings, Maryland



| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH |
|--|---------------|--|
| ath. | = | |
| death. | 1. | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution flistence before admission a. COUNTY a. STATE b. COUNTY |
| ا قارب ا | | _ Calvert County MARYLAND Maryland Calvert |
| nours after an by the s. rages hours after | | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write-RURAL and give nearest town) |
| SII TO TO | | Minus Fat and a fat of the fat of |
| hot hot ed it ers. | | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| | | |
| | 1 | Calvert County Hospital Rince Frederick YES NOW NAME OF First Middle Last 14. DATE Month Day Year |
| executed within and completely remove carbon any event, with | 3. | DECEASED |
| comple comple ve carl | _ | 01141 105 |
| oc co | 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR. last pirthday) Months Days Hours Min. |
| xecu and and any | | Male White WIDOWED DIVORCED 12/17/96 69yrs. |
| | 10 | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| sici eas and | " | Retired toremen Manufacturing Maryland U.S.A. |
| icate be e physician in please r val, and in | 13 | FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| certifica ding ph Then remova | | William Mangold Fourse ? |
| | 15 | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address land, Maryl, no, or unknown) (lifyes give war or dates of service) |
| eath certifica attending ph ermit. Then on, or removal | (Y | |
| de d | | 18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c), 1 |
| aw requires that the death certificate be ttending physician. has been signed by the attending physiciar as the burial-transit permit. Then please prior to burial, cremation, or removal, and i | | 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH |
| res that th physician. signed by urial-trans urial, cren | | 58/0 DUE TO |
| uires g phy en sig buri | | gave rise to immediate |
| w requirence of the period of | | cause (a), stating the DUE TO |
| aw ten has as pric | 2 | underlying cause last. (c) (c) |
| The Land or at contact the contact of the contact o | 8416 | PERFORMED? |
| l: The al or ficat for u Heal | · [음 | YES NO |
| | CERTIFICATION | 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER) |
| PHYSICIA the hosp this cer this cer detached e Dept. o | 귷 | 2Dc. TIME OF INJURY Month, Day, Year 2Dd. (NJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) |
| | MIDICAL | Hour a.m. p.m. 19 While at work at work factory, street, office bldg., etc.) |
| oling P ed by t After d be d s State | 2 | |
| ATTENDING retained by CTOR: After Should be with the State | | 21 Certify that (1) (this hospital) attended the deceased from to 1900 to 1900 that (1) (we) las |
| OR ATTENION / be retaine DIRECTOR: SEE 3 should red with the | | saw the deceased alive on Mitted, and that death occurred at 190M, from the causes and on the date stated above |
| DE TREE | | |
| AL OR I DIR Deage fired | | M.D. PHYS. (X) DIRECTOR () PHYS. () 6/6/6 |
| PITAL 4 may ERAL I or, page 1 fit | | 22c. Physician's NAME (Type)Dr. Roberto de Villarreal St. Leonard, Maryland |
| TO HOSPITAL Page 4 may TO FUNERAL director, pa | _ | |
| O HOS Page o D FUN direct | 23 | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| F = | | Burial May 7, 1966 Prisures ikland Cem, Protones ikland, Med |
| V7 | 24 | FUNERAL DIRECTOR New York STATUTE NAME TO STATUTE NAME |
| VR A15 (4) | 4 | . a. Hackness Flow Port Republic, Wed DATEMAY 10 1966 followers Judge |





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06723 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death dect ond completely filled in by the funeral remove carbon papers. Pages 1 ond 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH b. COUNTY Calvert Maryland o. COUNTY Calvert MARYI AND von papers. Pages 1 within 72 haurs after b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Prince Frederick, Md. 15 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Chesapeake Beach, Maryland d. STREET ADDRESS e IS RESIDENCE ON A FARM? Calvert County Hospital YES NO T dan ond completely t ease remove carbon NAME OF First Lost 4. DATE Month Day Year DECEASED OF Louis Milbourne J. 1966 (Type or print) DEATH S SEX 6 COLOR OR RACE AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED DATE OF BIRTH Months Igst birthdoy) Hours 1/21/93 White Male WIDOWED DIVORCED 12. CITIZEN OF WHAT 10c USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Construction Plasterer 13. FATHER'S NAME signed by the ottending prysic burial-tronsit permit. Then me 14. MOTHER'S MAIDEN NAME Lodowic Milbourne Virginia Strickler 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) d 577-03-4482 Mrs. Louise Milbourne same burial, cremotion. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (y)
PARY | DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician DUE TO arencostia. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the director, page 3 should be detoched for use as the shauld be filed with the State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Ноиг а.т Not While foctory, street, office bldg .etc.) of work ot work 19/ (-, that (I) (we) last 2]. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 6:000 from causes and an the date stated above saw the deceased alive on _< 22b. DATE SIGNED 22p. SIGNATURE ATTENDING 5/23/66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) T) Prince Frederick. Md Osman Ersov 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Bo. Memorial Gardens Dunkirk Calvert Maryland Burial
24 FUNERAV DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Owings, Maryland 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08722 PHYSICIAN: The law requires that the death certificate he executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) the attending physicion and completely filled in by the funeral sit permit. Then please remove carban papers. Pages I and notion, or removal, at a many by event, within 72 haurs after deal 1. PLACE OF DEATH o. STATE Maryland o COUNTY b. COUNTY Arundel Calvert MARYLAND b EITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) 66 days Fairhaven Prince Frederick IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO 🔀 Calvert County Hospita 3 NAME OF Middle Lost 4 DATE Month Doy Year DECEASED OF DEATH 66 May 20 19 (Type or print) Barbara Natalie Padgett IF UNDER I YEAR IF UNDER 24 HRS S SFX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years Jost birthday) Months Dovs Hours WIDOWED DIVORCED Eemale 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Postmistress
13 FATHERS NAME Washington, D. C. 14 MOTHER'S MAIDEN NAME Felix Seibert Mary Van Doren IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Joseph F. Padgett, Fairhaven, Md. cremotion. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol or ottending as the prior to ! O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION USe NO YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. Not While foctory, street, office bldg, etc.) of work of work should be 21. I certify that (1) (this hospital) attended the deceased from March 16 , 19661) to May 20 19 66, and that death occurred at 4 A M, from causes and an the date stated above. the deceased alive an May 20 22b. DATE SIGNED 22o. SIGNATIA ATTENDING MED. DIRECTOR 5/20/66 M.D. PHYS director, page should be filed 22d. ADDRESS PHYSICHAN NAME (Type) Huntingtown, Md. George J. Weems, M. D. BURJAb, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATO 23d. LOCATION (City or Town) ~ (County) & (Stote) 25b. RESISTRAR'S SIGNATURE REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



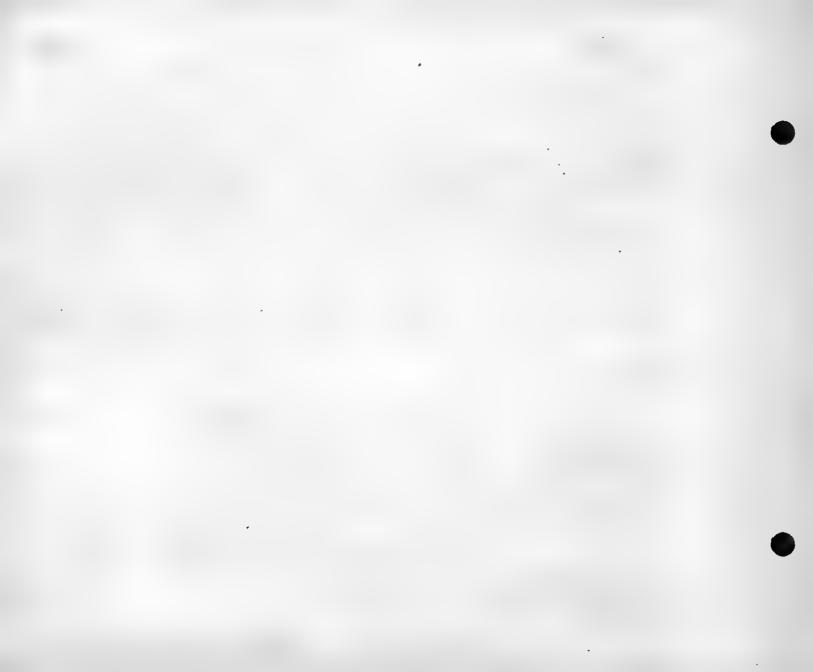
| 6 | 1 | | DIVISION OF STATISTICAL RESEARCH AND RECORD | EPARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|---|--|---------------|---|--|
| | sth. | _ | 00000 | TE OF DEATH |
| | 24 hours after death. filled in by the funeral apers. Pages 1 md 2 n 72 hours after afth. | 1. | PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY |
| | by the | | Calvert MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b | C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | in in hour | | Prince Frederick, 67 days | Prince Frederick |
| | | | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Calvert County Hospital | d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES X NO |
| | executed within and completely femove carbon fany event, with | | NAME OF First Middle DECEASED | Last 4. DATE Month Day Year |
| | i winder | _ | (Type or print) Denton Lee Smith | DF DEATH May 19 19 66 |
| | and cor | 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | and remo | | ale White WIDOWED DIVORCED | 8/12/17 48 yrs. |
| | | qui | . USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR Ing most of working life, even if retired) | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | physician n pleas | 13 | Painter Shipparel | Maryland IISA |
| | certifica Iding ph Then removal | | | |
| | ren idi | 15 | HOWARD Smith WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. s, no, or unknown) (If yes give war or dates of service) | Mary R. Elliott INFORMANT Address |
| | ath atte mit | (Yı | | |
| | the de | | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] | Denton Lee Smith, Prince Frederick, Md. |
| | The law requires that the death certificate be or attending physician. The has been signed by the attending physician use as the burial-transit permit. Then please saith prior to burial, cremation, or removal and | П | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) | ONSET AND BEATH |
| | law requires that that the attending physician. The bas been signed by a street burial-trans. It prior to burial, creatively. | | Conditions, If any, which | a feed) |
| | requiring plans plans plans peen the burner to | | gave rise to immediate | - 10041 |
| | aw re ttendii has be as th prior | Ш | cause (a), stating the underlying cause last. | |
| | faw atten has has se as th pric | Lion | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| | | ICA | | YES NO |
| | | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | URRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| | PHY the deta deta | MEDICAL | 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLANOUR a.m., P.m. 19 While at work at work at work | ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street, office bldg., etc.) |
| | | Σ | | March 14, 1966, to May 19, 1966, that (I) (we) last |
| | OR ATTENDI y be retained DIRECTOR: A age 3 should | | | March 14, 1966, to May 19, 1966, that (I) (we) last at death occurred at 11AM, from the causes and on the date stated above. |
| | M1 (1) >- | | 22a. SIGNATURE | 22b. DATE SIGNED |
| | AL OR May be NL DIRE page 3 rifled w | | Tallelanes > M. | D. ATTENDING MED. MED. STAFF 5/1.9/66 |
| | O HOSPITAL Page 4 may O FUNERAL D director, pag should be file | | 22c. PHYSICIAN'S NAME (Type) Roberto de Villarreal, M. D. | 22d. ADDRESS |
| | TO HOSPITA Page 4 ma O FUNERAL director, p | | | St. Leonard, Md. |
| | Pag Pag dir sho | 238 | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER PEMOVAL (SOCOTO) May 22, 1966 asbury Con | AY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| | 0 | 24 | | 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| | VR A15 (4) | 1 | 1. a. Hackman Hone Port Republis | Med DAMAY 23 1966 Colorles Judge |
| | 20M I/65 | 1 | | |



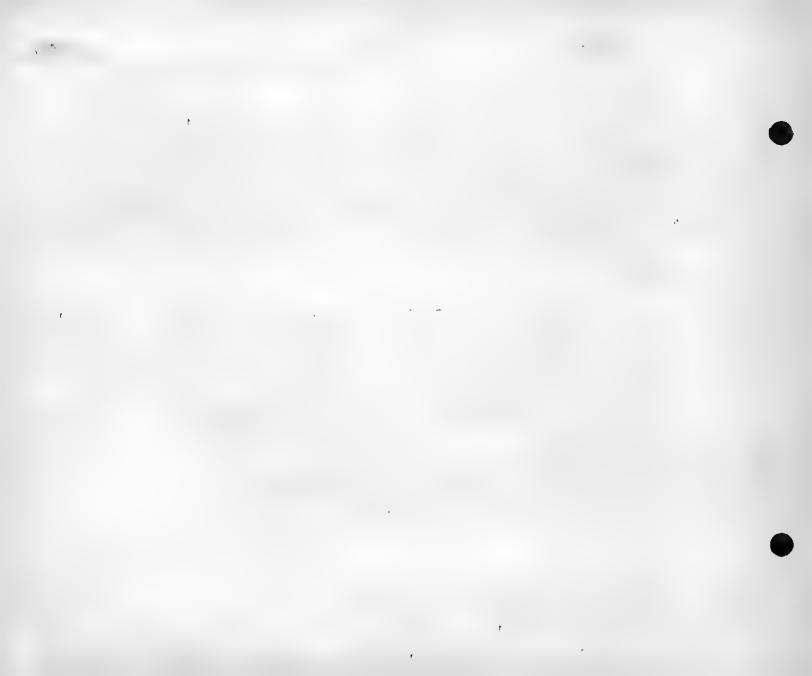
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08724 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY o. STATE **L COUNTY** Calvert Calvert MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 53 das. North Beach papers. hin 72 ho e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Calvert County Hosrital YES NO DOK 3. NAME OF Middle 4 DATE Month Year Lost DECEASED Dorothy OF Snider Cobb Mav 19 66 16. (Type or print) DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S. SEX **6 COLOR OR RACE** 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED Months lost birthdoy) Hours 3/21/15 Female White and in any WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10g USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, everul retired) Arkansas Government 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert Cobb Dora Orr IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Snider -husband (Yes, no, ar unknown) (It's yes give war ar dates of service) 491-03-1465 Louis R. BACK North Beach. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the a burial-transit po ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been 4166.61 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO for 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fawn) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Nat While Haur o.m. factory, street, office bldg., etc.) at work at work ta-5776 21. I certify that (1) (this haspital) attended the deceased from ACV M 1920, that (I) (we) last Page 4 may be retained 19/1/2, and that death accurred at 8:10PM, fram causes and an the date stated above saw the deceased alive an 1 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING v 5/17/66 M.D. DIRECTOR PHYS. director, page 3 22d. ADDRESS 22c PHYSICIAN'S O. Z. Ersov. Prince Frederick. Md. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify) Md Suitland Cedar Hill 5/19/66 Burial **ADDRESS** 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq., REC'D BY REGISTRAR Lee Funeral Home Washington, D.C. 1966



| 1. | 1 | Division of STATISTIC | MARYLAND STATE DEP CAL RESEARCH AND RECORDS, 301 | | TMORE, MARYLAND 21: | 201 |
|--|---------------|--|---|--|--|--|
| . 4.80 | V. | 08725 | CERTIFICATE | OF DEATH | | 06719 |
| funeral and er death | 1 | PLACE OF DEATH a. COUNTY CAIVERT | MARYLAND | 2 USUAL RESIDENCE (Where dece | ased lived, if institution: Residen b. COUNTY | ke before admission) |
| ours after by the financial pages aurs after | | b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) | EENGTH OF STAY IN 16 9 Days | c CITY OR TOWN (If autside carpa | ate limits, write RURAL and give | |
| in 24 haurs of filled in by th papers Pag thin 72 haurs of | | d NAME OF HOSPITAL OR INSTITUTION (IF not in | ing Nome | STUJET ADDRÉSS | (133A | e is residence on a farm? YES NO |
| ad with | 3 | NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 17 | MARRIED NEVER MARRIED 18 | DATE OF BIRTH | Month H 2019 S 9. AGE (In years IFUNDER | Doy Year |
| and correction and co | | a, USUAL OCCUPATION (Give,kind of work done | WIDOWED DIVORCED 8 | TULY 12, 1884 | fast birthdoy) Months | Days Haurs Min |
| ertificate be physic.an a sen please caval, and in | du | ring rights of warking life, even if retired) | HOUSTRY HOME | 14. MOTHER'S MAIDEN NAME | (0 | 193A. |
| th certification physical front properties of the properties of th | L | WAS DECEASED EVER IN U.S. ARMED FORCES? | ELLIS 16. SOCIA, SECURITY NO. 17. EN | ELIZABETIA FORMANT | Address _ | 0 T m / |
| se death cei attending p permit. The | | es, na, ar unknawn) (If yes give war ar dates of si | ervice UNKNOWN VIRE | SINIA JOHNSON | BRYANS R | D MD INTERVAL BETWEEN |
| quires that the d physician. signed by the att burial-transit per burial, crematian, | | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 434 / DUE TO | E Onl | way wise | D'ulio 1 | ONSET AND DEATH |
| | | Canditions, if ony, which gove rise to immediate couse (o), stating the underlying cause | | | | |
| IAN: The law retal or a strength of the law been for use as the Health prior tall. | FION | PART II. OTHER SIGNIFICANT CONDITIONS CON | | HE TERMINAL DISEASE CONDITION GIV | /EN IN PART 3(a) | 19. WAS AUTOPSY PERFORMED? YES NO |
| PHYSICIAN: e haspital ar his certificate stached for u Dept. of Heal | CERTIFICATION | | 20b. DESCRIBE HOW INJURY OCCURRED. (I | Enter nature of injury in Part I or Pa | int II of item 18) | 1.00 0 |
| | MFDFCAL | p.m. | While Nat While of wark of sector | E OF INJURY (Hame, farm, ry, street, affice bldg., etc.) | (City ar town) (Co | unty) (Stafe) |
| ₩ ¬ ~ ¬ • | | saw the deceased alive an | tal) attended the deceased fram_3 , and that | death accurred at \$2.55 | M, fram causes and an t | |
| DIRECTOR 3 | , | 22a. SIGNATURE | a. in jullon | ATTENDING MED. PHYS. DIRECTOR | | ATE SIGNED |
| may cal. | 2 | NAME (Type) ESSAM 2. CO | Q - JAMAGUTI EOF 123 NAME OF CEMETERY OR C | | OCATION (City or Town) | (County) (State) |
| TO HOSP Page 4 r TO FUNER directory | | REMOVAL (Specify) 6-3-6 | GG PARKLAWA | CEMETERY 250 REC'D'BY REGIS | ROCKVILLE | MD |
| VR A15 (4) | | WHI Chambers | 5/7.11 BAS | E DAHIN 3 | 1966 Scharle | y Judge |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral .. Pages 1 and 2 death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Calvert b. COUNTY Calvert o. STATE Maryland the attending physician and campletely filled in by the fur sit permit. Then please remave carban papers. Pages 1 nation, ar remaval, and servent, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Prince Frederick Maryland Prince Frederick. Md. davs e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Calvert County Hosptial YES NO EX Middle Month NAME OF First Lost 4. DATE Day Year DECEASED Stertz 19 66 Willis Robert DEATH F UNDER 24 HRS. S SFX 6 COLOR OR RACE B. DATE OF BIRTH 9, AGE (In years 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours White /15/21 Male WIDOWED DIVORCED 10p USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Nebraska Road Inspector State Road 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Emma Oldenburg William Stertz Address Prince IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 507-16-5525 signed by the after burial-transit permit burial, cremation, a Stertz Frederick Anne BAV.T T Yes. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Ca. of the bowels, small and large with Metastasks Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the priar ta O FUNERAL DIRECTOR: After this certificate has been lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(0) ed far use of Health p NO YES ģ 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH shaufd be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20a, PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour o.m. Not While factory, street, office bldg., etc.) ot work of work 2). I certify that (I) (this haspital) attended the deceased from 11.3.65 . 19 ta 5 - 31 - (6, 19 , that (1) (we) last and that death accurred at 10: PM, from causes and an the date stated above saw the deceased alive an 6 6 19 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 6/1/66 WESLE LED M.D. PHYS. ed director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Damalouji Prince Frederick. Maryland Issam F director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o BURIAL, CREMATION, 23b DATE THEREOF (State) REMOVAL (Specify)
Burial Central Cemetery Barstow. Calvert Maryland June 4,1966 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 7 om Owings, Maryland Munice



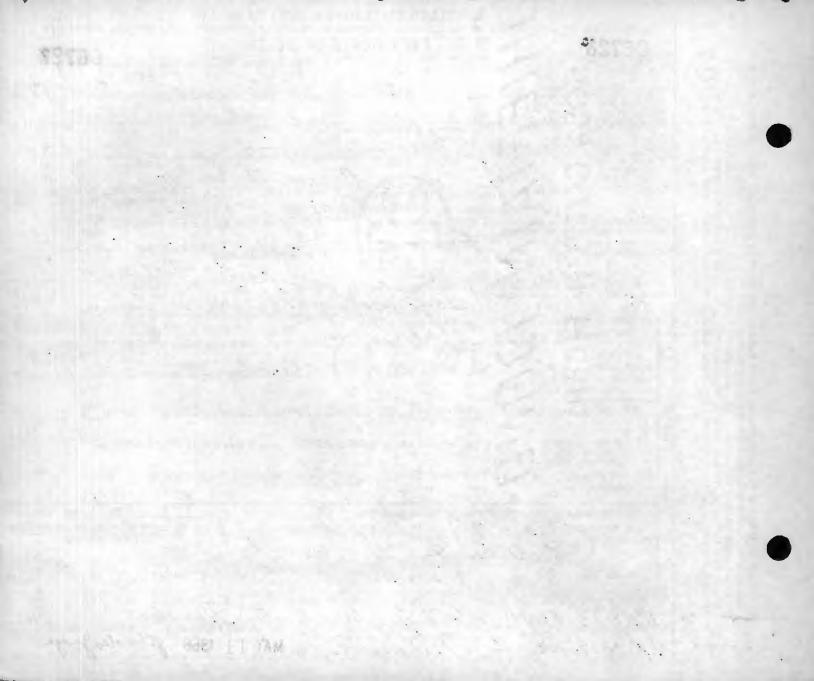
| 1 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|--|--|
| FLAR STATE | 06727 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06724 |
| HEALTH DEPT. | 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE b. COUNTY |
| \$70 to | MARYLAND MARYLAND |
| essar uner ray b red deatl | b. CHTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Write RURAL and give nearest town 33/ 24/24 33/ 24/24 |
| of the funeral age 5 may be age 5 may be one of the funeral age 5 may be one of the funeral age 10 may be one of the funeral are after death. | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS |
| lay is 13 to to 13 to to Page Page Dours and Ours and Our | YES NO Z |
| ny delay is necessary, and 3 to the funeral M3. Page 5 may be the State Department T2 hours after death. | 3. NAME OF DECEASED (Type or print) Tames 4. DATE Month Day Year OF DECEASED (Type or print) 1968 |
| f any 1, 2, n PN n PN iin 7 | 5. SEX 6. COLOR PR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours M |
| nth. 1 ages form 2 with | WIDOWED DIVORCED 1/2/42 23 yrs. |
| s after death. If any del 8. Give Pages 1, 2, and long mer form PM3. ges 1 afor 2 with the S any event within 72 ho | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11b. KIND OF BUSINESS OR LITERATURE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| after ong ong sany e | 13. FATHER'S NAME 4 MASSARI SPACE Agency Maire 4. MOTHER'S MAIDEN NAME |
| ours after m 18. Give along pages in any | poul a Carle Edith Mi perhins |
| 24 ho I terr Office File , and | 15/WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMFORMANT (Yes, ho, or unknown) ((If yes give war or dates of service) |
| l within pencil in miner's permit. removal, | paula. Jaylor July as #2 |
| AL EXAMINER: This certificate should be executed within 24 hours after the certificate, writing the word "pending" in pencil in Item 18. Git I should be forwarded to the Chief Medical Examiner's Office along rifles. CTOR: Page 3 smould be med as a burial-transit permit. File pages to designated agent, prior to burial, cremation, or removal, and in any expenses. | 18. CAUSE OF DEATH [Enter only one cause der line tof (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 10. CAUSE OF DEATH [Enter only one cause der line tof (a), (b), and (c).] |
| d be executed "pending" in f Medica! Exar burial-transit I | IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) DUE TO DUE T |
| d be execu "pending" Medical burial-tran | Conditions, if any, which are to immediate (b) Car role of over to try |
| ef Mef a bu | cause (a), stating the DUE TO |
| icate sho the wor the Chi the Chi | VI WILLIAM COLOR OF THE COLOR O |
| the the sector to be the to be to be to be the to be to be to be the to be to be the to be to be the to be | E Contaccident-2 carolles throughous the YES NOV |
| R: This certificate, writing forwarded to 3 sllould be agent, prior | PART IL CTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE IN PART 1 (a) PERFORMED? YES NO NO PRIMARY FOR CONTRIBUTING CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. |
| This wr ward | |
| VER: ficate for for d age | 20c. TIME OF INJURY Month, Day, Year, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour p.m. 5//3 100 at work at work at work at work |
| LEXAMINE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CESTION OF T | 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion |
| DICAL EXA | death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner |
| MEDICA fecute the Page 4 for your L DIRECTOR ITS dor Its do | ACTUAL SIGNATURE TO Ward M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED |
| Date of the second of the seco | EXAMINER'S 14 AND AR A DEPUTY MEDICAL EXAMINER STATE S |
| DEPUTY director. retained for Health | NAME (Type) Address (Street, City, Lowin, or County) |
| TO TO F | REMOVAL (Specify) May 17-1966 Arlington National Cemetery - Arlingto, Virginia |
| VR A15ME | Simmons Brothers = 1001 = Gd. Hope Rd. SE DC MAI I 1900 Millertly & white |
| 3500 4-6H | DATE |



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A|5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 08728 CERTIFICAT | E OF DEATH | 0.0700 |
|--|---|-------------------------------|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If Institution: ! | lesidence béfére admission) |
| a. COUNTY | a. STATE 4/ b. COUNTY | . / / |
| MARYLAND MARYLAND | <u> </u> | adoton |
| b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b write HURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL | and give nearest town) |
| Trince Thederick Jyears | Merndon | 23 3 |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE DN A FARM? |
| Galver nursing Home | 17.2 | YES NO |
| 3. NAME OF DECEASED First Middle | Last 4. DATE Month | Day Year |
| (Type or print) / susy desire V | Manesch DEATH May | 7 1966 |
| 5. SEX 6. COLOR OR RACE . MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years) IF UNDER last pirthday) Months | |
| M WIDOWED DIVORCED | VC4,30 1881 84-418. | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) | 11. BIRTHPLACE (County & State, or foreign country) 12. C | ITIZEN OF WHAT |
| tarmer tarm (Joseph | Votusa California! | 1.5.141 |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Joseph Thraves | Josephine Jopsey | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? V16. SOCIAL SECURITY NO. 17. (Yes, no, of tankown) (14 yes give war or dates of service) | INFORMANT Address Address | , , |
| No - 223-50-6421 /10 | uy di I praves A. Solomo | ne. md. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | 1 | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | | ONSET AND DEATH |
| THINESIN'TE ONOSE (a) | | 11 |
| 4 301 DUE TO | reluis - | 1 Week |
| cenditions, if any, which gave rise to immediate (b) | · Calles | |
| cause (a), stating the DUE TO | | |
| underlying cause last. (c) | | |
| | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY |
| I I | | PERFORMED? |
| 20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCC | URRED. (Enter nature of Injury in Part I or Part II of Item 18 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | onico, (citter nature of injusy in Part 1 of 1 art 11 of from a | •, |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL | ACE OF INJURY (Home, farm, 20f. (City or town) (Con | inty) (State) |
| Hour a.m. White Not While Fact | ory, street, office bldg., etc.) | 6 |
| p.m. 19 at work at work | 1 | 6 |
| 21. I certify that (I) (this hospital) attended the deceased from | | that (I) (we) last |
| saw the deceased alive on flory 7 19 and that | t death occurred atM, from the causes and on t | he date stated above. |
| 22a. SIGNATURE | | ATE SIGNED |
| Musilamas M. | D. PHYS. DIRECTOR PHYS. | 1 |
| 22c PHYSICIAN'S | Lood apported) / | , / |
| NAME (Type) ROEVILLARREAL | ZZU. NUMESO + heonard. | w |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME, OF CEMETER | Y OR CREMATORY 23d. LOCATION (City, town or co | unty) (State) |
| Bully in May 11 1966 Chartruk La | and Constern Horndon | 1/2. |
| 24. FUNERAL DIRECTOR APPRESS / S | 25a. REC'D BY REGISTRAR 25b. REGISTRAR | 'S SIGNATURE |
| 1 d xpoh and I materialy / 3 | 7 1 1 1000 Milante | , Judge |
| A. H. HURNESS NAN PORT REPUBL | 126, 1741 DIEN 11 1000 1 | 0 |



| | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN | D |
|---------|--|---------------------|
| 1 | 06729 CERTIFICATE OF DEATH 0672 | 3 |
| | ACE OF DEATH COUNTY Calvert MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before as STATE aryland b. COUNTY Anne Aru | |
| | city OR TOWN (if outside corporate limits, write RURAL end give new write RURAL and give nearest town) ince Frederick. Md. 46 days Friendship, Maryland | arest town) |
| - | | RESIDENCE |
| | lvert County Hospital ves[| A FARM? |
| | AME OF First Middle Last 4. DATE Month Day OF DEATH 5 9 | Year 1966 |
| A/D | X [6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UN | IDER 24 HRS. |
| | male White WIDOWED TO DIVORCED 12/11/89 76 yrs. Months Days Hot | |
| | SUAL OCCUPATION (Give kind of work done industry) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF W COUNTRY? 14. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF W COUNTRY? U.S.A. | HAT |
| - | ATHER'S NAME 14. MOTHER'S MAIDEN NAME | |
| l | mes Daugherty Minnie Mason | |
| | AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10. or unknown) ((fyes give war or dates of service) | |
| L | 215-46-5686 Elizabeth Windland Friendship, | Md. |
| | DNSFT A | BETWEEN ND DEATH |
| 1 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | la |
| ı | onditions, if any, which) DUE TO Bright's descere | |
| 1 | ave rise to immediate | |
| l | nuse (a), stating the DUE TO condended the C | |
| | ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS | FORMED? |
| | Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.) R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER) | |
| MEOICAL | County) | (State) |
| | 21. I certify that (I) (this hospital) attended the deceased from | ated above. |
| ١ | 20. SIGNATURE Jalublanes M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 5/10/66 | * |
| | 2c. PHYSICIAM'S NAME (Type) Dr. Roberto Villarreal St. Leonard, Maryland | |
| | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) May 12,1966 Friendship (mis Depondence) | (State) |
| - | FUNERAL DIRECTOR ADDRESS ADD | RE |
| 2 | A J T PUNIE | |

